

I. INTRODUCTION

A. Overview

To comply with the Federal Occupational Safety and Health Act of 1970 and 1991 and with KRS Chapter 338 and 803 KAR 2:320 which requires every employer to furnish employees employment and a place of employment which are free from recognized hazards that are likely to cause death or physical harm to employees.

B. Objectives

1. To analyze accident reports in order to determine whether the establishment of safety measures and/or the use of protective equipment could prevent the recurrence of such an accident.
2. To conduct safety surveys and reviews in order to correct any hazardous condition or practice which is not in compliance with OSHA safety and health standards.
3. To identify the most frequent causes of accidents within the department and to access and provide as needed, the education and training of general safety principles and/or techniques.
4. To make first aid supplies available to the staff at strategic locations and to provide for First Aid/CPR training.
5. To provide annual fire extinguisher training to employees.
6. To communicate general safety rules and increase employees' safety awareness.
7. To communicate the emergency procedures developed by the Emergency Evaluation Planning Committee to the staff.
8. To designate floor wardens and define their responsibilities during an emergency.
9. To clarify and define the responsibility of the receptionist and security guards during an emergency.
10. To provide a written hazard communication program which insures that employees are trained as to the hazards and use of chemicals they will be exposed to in their work.
11. To provide a written bloodborne pathogen exposure control plan which eliminates or minimizes employee exposure to blood or other potentially infectious materials.

C. Agency Safety Representative

This agency's Personnel Manager is responsible for the oversight of the safety program. The Personnel Manager shall designate an employee to serve as the agency safety representative who will be responsible for coordinating the day-to-day activities of the program.

D. Supervisor's Requirements

1. To review the Employee Safety Program with all new employees during the orientation process and to meet the requirements of the Hazard Communication Program (if applicable) and the Bloodborne Pathogen Exposure Control Plan.
2. To conduct inspections at regular intervals in order to insure that equipment used by employees is in good repair and is being operated in a safe manner.
3. To complete and submit an Accident Investigation Report whenever an accident is reported and a Workers' Compensation First Report of Injury or Illness form (1A-1) is submitted.
4. To conduct a safety meeting with his/her employees following an accident in order to discuss the accident investigation report and how the accident could have been prevented. If needed, develop a safety procedure memorandum to correct an unsafe condition or practice. **Note:** A safety meeting report must be submitted to the agency Safety Representative within one (1) week following an accident.
5. To insure that all employees are adequately trained and that all safety rules and procedures are adhered to at all times.
6. To take progressive disciplinary action whenever necessary to enforce safety rules and procedures.

E. Employee Requirements

1. Obey all safety rules and procedures.
2. Report any unsafe act or condition to your supervisor and the agency safety representative.
3. Report any injury to your supervisor, regardless of how minor it may seem at the time.
4. Make your own safety and health the primary responsibility in the performance of your work duties.
5. Make suggestions for improved safety conditions or practices to your supervisor.

II. SAFETY PROCEDURES

A. First Aid Kits

First aid kits have been placed in strategic locations throughout the facility and are stocked with supplies that have the most potential of being needed in relationship to the type of work being performed.

The payroll officer is responsible for ordering and distributing first aid supplies for each kit. A floor warden who works in the general vicinity of a first aid kit will be responsible for insuring that the first aid kits are restocked as needed.

B. General Safety Rules

The Commonwealth of Kentucky Employee Handbook contains a list of Safety rules which will help employees stay free of injury. Read and practice them.

III. EMERGENCY PROCEDURES

A. Overview

The Emergency Procedures were designed by the Emergency Evaluation Planning Committee. The most important thing for an employee to remember about these procedures is to call the emergency alert number (ext. 0) in time of an emergency.

We have established emergency procedures for our security guards to follow during non-working hours.

B. Alarm System

In the event of Fire, employees will be notified to evacuate by the fire alarm. In case of Bomb Threats or Severe Weather the receptionist will notify the staff over the public address system.

C. Evacuation Routes

Floor wardens have been assigned throughout the building in order to direct employees to the tornado shelter area and to the safe assembly areas. Periodic drills are also conducted in order to insure that all employees are familiar with the proper evacuation routes. In the event that your usual evacuation route is blocked by fire use the silo nearest your work station to exit the building and proceed to your safe assembly area.

A list of fire and severe weather evacuation routes for each work area and a map of the facility are included at the end of this subsection.

D. Safe Assembly Areas

After evacuation from the building for fire or hazardous chemical emergencies, employees should wait in one of two safe assembly areas for further instructions.

For those people evacuating through the East Exit (near KTBL) or out the Back Door (Lounge) the safe assembly area is the second level parking area.

For those people evacuating through the Front Lobby Doors the safe assembly area is in the field beyond the shipping/receiving parking lot.

E. Fire - Emergency Procedures

1. Alert others in your immediate area.
2. If more than one person in area:
 - a. One should call emergency alert number (ext. 0) to report situation, and remain on phone if requested.
 - b. One should use hand extinguisher to attempt extinguishment.
 - c. If you are alone, you must decide which to do first, a or b, depending upon situation or extent of fire. **IMPORTANT:** If you extinguish any fire on your own or with others, call EMERGENCY ALERT NUMBER to report incident to the Frankfort Fire Department.
 - d. If you are told to evacuate, close all doors and windows and leave by your designated evacuation exits and stand by in the safe assembly area for recall.

F. Medical - Emergency Procedures

Illness or injury in your area:

1. Render whatever aid you are capable of giving with little or no movement of patient. However, if blood or other bodily fluids are present do not attempt to render aid without the appropriate personal protection equipment and training. **NOTE:** Employees trained in First Aid/CPR should come forward and offer assistance in the event of a medical emergency.
2. Call MEDICAL EMERGENCY 9-911, state the problem and whether you need an ambulance; be specific as to the problem and the location. Stay on the phone if requested to do so. Be prepared to meet emergency personnel at your floor.
3. Keep onlookers away from ill or injured person.
4. Also notify the Emergency Alert number that medical or rescue assistance has been requested.

G. Severe Weather - Emergency Procedures

1. All messages concerning severe weather will be transmitted via the radio pager alert system.

2. Severe Weather Bulletins from the Emergency Alert Center will be relayed to employees by the Standard Emergency Alert System.
3. If you receive a tornado warning, seek shelter in the designated tornado shelter area.

H. Bomb Threat - Emergency Procedures

1. If you receive a bomb threat by telephone, try to get as much information as possible. Try to keep the caller on the phone to learn:
 - a. When, Where, What kind of bomb?
 - b. Why did you place it?
 - c. What does it look like?
2. Any bomb threat, delivered by any means, call Emergency Alert Number and remain on the phone.
3. If you are told to evacuate the building:
 - a. Move to exit previously designated for your use or closest to your workstation.
 - b. Move away from the building to safe assembly area and wait for further instructions.

I. Chemical Leak - Emergency Procedures

1. The micrographics worksite contains a 150 pound compressed gas cylinder of ammonia. If this gas cylinder should rupture or develop a leak, employees in the immediate area should leave immediately and notify the receptionist (Extension 0) who will advise the staff over the pager/speaker system to evacuate the building. Employees will then evacuate the building using the same evacuation routes used in the event of fire and proceed to the safe assembly areas. The floor wardens will verify that all employees are accounted for.
2. The Building Superintendent would, upon hearing the evacuation announcement, contact the Frankfort Fire Department and apprise them of the situation.
3. The Fire Department would in turn respond and contact the Hazardous Material Section of the State Fire Marshal's Office.

IV. WRITTEN HAZARD COMMUNICATION PROGRAM

A. General

The following written hazard communication program has been established for the Document Preservation Lab and the Micrographics Branch at the Kentucky Department for Libraries

and Archives. The program will be available in the section supervisor's office for review by all employees.

B. Container Labeling

The section supervisor will verify that all containers received for use will:

1. Be clearly labeled as to the contents.
2. Note the appropriate hazard warnings.
3. List the name and address of the manufacturer.

No containers will be released for use until the above data is verified

C. Material Safety Data Sheets

Copies of MSDSs for all hazardous chemicals to which section employees may be exposed will be kept in the section supervisor's office and the Personnel Office.

MSDSs will be available for review to all employees during each work shift. Copies will be available upon request to the supervisor.

D. Employee Training and Information

Before starting work in a section that uses hazardous chemicals (i.e. micrographics, document preservation), each new employee in that section will be trained as to the hazards and use of chemicals they will be exposed to in their work. This training will consist of:

1. Video tape on working with hazardous chemicals.
2. Supervisor Safety Meeting which will cover: identification of the hazardous chemicals in the work area; labeling of chemicals; location and use of MSDS; location of fire extinguishers; location and use of shower and eye wash.
3. Hazard Communication Booklet.

This training will be conducted by the employees' supervisor as part of the orientation process and the employees' signature on the Safety Meeting Report will serve to certify that they have received the safety training outlined above.

Before any new hazardous chemical is introduced into an area, the supervisor will conduct a safety meeting in order to train employees as to the hazards and use of the chemical. Attendance is mandatory for all employees in that area.

The section supervisor will be responsible for alerting the agency safety representative if any new hazardous chemical is introduced and shall make available the MSDS on the new chemical.

This written hazard communication program is available to all employees during working hours from their area supervisor and the agency safety representative.

E. Hazardous Nonroutine Tasks

It is section policy that no employee will begin work in a confined space or on any nonroutine task without first receiving a safety briefing from the section supervisor.

F. Informing Outside Contractors

It is the responsibility of the section supervisor to provide outside contractors who may be working in the section where hazardous chemicals are located with the following information:

1. Hazardous chemicals to which they may be exposed on the job site,
2. Measures they should take to lessen the possibility of exposure,
3. Location of all MSDSs,
4. Name of person to see for procedures to follow should they be exposed.

G. List of Hazardous Chemicals

The following is a list of Hazardous Chemicals used in the Document Preservation Lab and in Micrographics. Further information on each hazardous chemical noted can be obtained by reviewing the Material Safety Data Sheets in the supervisor's office.

Document Preservation

Ethyl Alcohol
Trichloroethylene
Methyl Alcohol
Acetone
Toluene
Thymol
Acetic Acid
Chloramine T
Lead Subacetate
Tannic Acid
Naphthalene
Ammonium Sulfide
Calcium Oxide
Potassium Lactate
Methyl Ethyl Ketone
Calcium Carbonate
Magnesium Carbonate
Trichloroethane

Micrographics

Sulfuric Acid
Anhydrous Ammonia
Microfilm Developer
Microfilm Fixer
Microfilm Cleaner/Conditioner
Methylene Blue Test

V. BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

A. General

The purpose of the exposure control plan is to eliminate or minimize employee exposure to blood or other potentially infectious materials. It is important that employees are aware of the risks involved in exposure, precautions to be taken to prevent exposure, and steps to be taken if exposure occurs.

Employees of KDLA who have not had the appropriate training are instructed **NOT** to attempt to administer first aid, CPR nor the clean-up of an area which has been exposed to blood or other bodily fluids. **NOTE:** Please contact a agency first aid responder or the agency safety representative.

A copy of this written exposure control plan is kept in the personnel office and is available for review at any time during working hours. This plan will be reviewed on an annual basis and updated when necessary. Any employee that request a copy of this plan will be provided one, free of charge and within 15 days of making such a request.

B. Bloodborne Pathogens

Bloodborne pathogens are disease-causing micro-organisms that are present in human blood and other body fluids. The pathogens include, but are not limited to, Human Immunodeficiency Virus (HIV), the virus which causes AIDS, and Hepatitis B Virus (HBV),

HIV and HBV **are not** transmitted through casual contact such as touching or sharing equipment. They **may** be contracted by direct contact with infected blood or bodily fluids.

C. Exposure Determination

The employees in this agency are at a very low risk of exposure to bloodborne pathogens; however, the following personnel may incur exposure in performing collateral duties:

1. Staff members who have been certified in first aid and CPR may incur an occupational exposure while responding to a medical emergency within the agency, and;
2. Janitorial staff who provide services within KDLA but who are not employees of KDLA, may incur an exposure while performing clean-up following an accident or medical emergency in the agency.

D. Compliance Procedures

1. Universal Precautions

Universal precautions are to be observed to prevent contact with blood or other potentially infectious materials. This means that **ALL** blood and other potentially infectious materials are to be treated as if they are infected.

2. Work Practice Controls

The following work practices are to be observed at this agency in order to prevent or minimize exposure to bloodborne pathogens. These precautions are to be observed for every incident where there is a possibility of exposure to blood or other bodily fluids:

- a. Cover skin. Gloves are to be worn any time there is potential for exposure to bodily fluids. Cuts or other broken skin must be bandaged and jewelry removed before putting on gloves.
 1. Disposable gloves used by first aid responders are to be disposed of in a biohazard container after each use.
 2. Rubber utility gloves used for cleaning and disinfecting may be decontaminated for re-use unless they are cracked, peeled, discolored, torn, punctured or exhibit other signs of deterioration. Gloves showing any sign of deterioration are to be discarded.
- b. Wash hands and other skin immediately and thoroughly with soap and water every time there has been a possible contact with bodily fluids, even in cases where gloves and other PPE have been in use. There are hand washing facilities in the restrooms on each floor of this building as well as in the employee lounge on the second floor and in the document preservation lab.
- c. Cover mucus membranes. Any time there is potential for the eyes, nose or mouth to come into contact with bodily fluids a face shield is to be used. Should these areas be exposed, they shall be washed or flushed with water as soon as possible. An eye wash is located in the closet in the back hall across from the bulletin board.
- d. All contaminated personal protective equipment and materials used in clean-up are to be disposed of in an appropriate container. These containers are labeled "biohazard" and/or color coded, and leakproof on the sides and bottom. Each personal protective kit contains a biohazard bag.
- e. Contaminated clothing is to be removed immediately or as soon as feasible and put in a biohazard bag until it can be laundered. This will be done by the agency at no charge to the employee.
- f. If broken glass is present, pieces are to be picked up with a brush and dustpan, tongs or forceps and placed in appropriately marked, leakproof, puncture-resistant containers. Sharp objects are NOT to be picked up BY HAND, even if gloves are in use.
- g. All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, splattering, and generation of droplets of these substances.

- h. Any surface or equipment contaminated with blood or other potentially infectious material must be cleaned with an appropriate disinfectant as soon as possible. A solution of bleach diluted between 1:10 and 1:100 is acceptable.
- i. Contaminated computer equipment is to be properly labeled and packaged with biohazard warning and sent to an authorized service center.

3. Protective Equipment

Protective equipment, including latex gloves, anti-microbial handwipes, protection gown and shoe covers, a face shield and a resuscitation device, is available in the personal protective kit provided to each first aid responder in this agency. This equipment is disposable and not to be re-used. After use, all personal protective equipment shall be removed prior to leaving the incident area. The equipment is to be placed in the container provided in the kit for disposal.

This protective equipment will be replaced as needed at no cost to the employee.

Examples of appropriate personal protective equipment to be used are listed after each task:

<u>TASK</u>	<u>EQUIPMENT</u>
First aid response to <u>minor</u> injuries i.e. cleaning and bandaging small cuts, abrasions, or control of minimal bleeding.	Disposable gloves.
Control of bleeding from massive wounds, spurting blood, applying bandages to such wounds.	Disposable gloves, gown/mask.
Rescue breathing and CPR.	Disposable resuscitation devices and gloves.
Cleaning and decontaminating spills of blood.	Disposable gloves or rubber utility gloves. Mask if there is possibility of splattering or splashing.

E. Documentation of Exposure Incident

At this agency, an exposure incident is defined as, "a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral (puncturing of the skin as by a needle) contact with

blood or other potentially infectious materials that results from the performance of duties for those employees designated as first aid responders, as well as those responsible for cleaning up potentially infectious materials or blood."

Any employee who is exposed to blood or other potentially infectious fluids as described above, is to report the incident immediately to a supervisor, who in turn is to report it immediately to this agency's safety representative. The safety representative is responsible for keeping all records of exposure incidents.

Every possible exposure incident shall be documented on an Exposure Incident Form which is available from the agency safety representative. **NOTE:** A sample form is contained at the end of this section.

The information recorded shall include:

1. How the exposure incident occurred and possible exposure route(s);
2. Identification of the exposed individual and, if possible, the source individual;
3. Follow-up steps to be taken.

All information regarding an exposure incident will be kept strictly confidential. Documentation relating to exposure incidents shall be kept in a locked, confidential file in the personnel office and kept for thirty (30) years after the employee leaves employment with this agency.

F. Post-Exposure Evaluation and Follow-up

All of the post-exposure evaluation and follow-up procedures described below including blood testing and vaccinations will be done at no charge to the employees involved.

1. Source Individual

If the source individual can be identified, blood tests will be done, if the individual consents, to determine HIV/HBV infectivity. **Note:** A sample source individual consent form is contained at the end of this section.

Results of the the source individual's tests will be made available to the exposed employee and/or the exposed employee's treating physician. The exposed employee will be informed about the applicable laws and regulations concerning confidentiality.

2. Exposed Employee

The exposed employee will be offered a medical evaluation and counseling regarding the exposure incident by his primary care physician, or an alternative healthcare professional of his choice. This will include the option to receive the Hepatitis B vaccination. If the employee chooses to have vaccination, it must be administered within 24 hours of the possible exposure.

An employee that declines a Hepatitis B vaccine will be required to sign a waiver. Initial decline of vaccine will not prohibit future requests from an exposed employee. **NOTE:** A sample waiver form of the employee declination is contained at the end of this section.

The exposed employee will be offered the option of having blood tests conducted to determine HIV/HBV infectivity.

3. Agency Interaction with Health Care Professional

The healthcare professional evaluating an employee after an exposure incident will be provided the following information by the agency safety representative:

- a. A copy of the regulation;
- b. A description of the exposed employee's duties as related to the exposure incident;
- c. Documentation of the route(s) of exposure and circumstances under which exposure occurred;
- d. Results of the source individual's blood testing, if available; and
- e. Vaccination status of the employee.

The results of blood tests of both the source and exposed individual are NOT to be disclosed to the employer.

The treating healthcare professional(s) will provide to the employer within 15 days of evaluation a written opinion which will contain **ONLY** the following information:

- a. Whether the employee has been informed of the results of the medical evaluation;
- b. Whether the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials;
- c. Whether the Hepatitis B vaccine is indicated and if the employee has received the vaccine;

NOTE: A sample letter is contained at the end of this section.

H. Training

All first aid responders are required to attend annual training which will include: the OSHA standard, bloodborne pathogens, and this exposure control plan. Training will be conducted by individuals with appropriate credentials.

<u>AREA</u>	<u>FIRE EVACUATION ROUTES</u>	<u>SEVERE WEATHER ROUTES</u>
<u>Middle Level</u>		
Cataloging	Back Door (Lounge)	Silo #3
Terminal Room	Back Door (Lounge)	Silo #3
Lounge	Back Door (Lounge)	Silo #3
Processing	Back Door (Lounge)	Silo #3
Shipping	Back Door (Lounge)	Silo #2
Storeroom	Back Door (Lounge)	Silo #2
Activity Room	Back Door (Lounge)	Silo #2
Restoration Lab	Back Door (Lounge)	Silo #2
Records Management	Back Door (Lounge)	Silo #2
Micrographics	Back Door (Lounge)	Silo #2
Commissioner Wing	East Exit	Silo #2
Fiscal Operations	East Exit	Silo #2
Directors' Row	East Exit	Stairwell #8 (KTBL)
KTBL	East Exit	Stairwell #8 (KTBL)
Systems Control	East Exit	Silo #2
<u>Lower Level</u>		
Kentucky Room	Front Doors (Lobby)	Via Reference Room
Research Room	Front Doors (Lobby)	Via Reference Room
Circulation/Reference Period./Gov't Doc	Front Doors (Lobby) Front Doors (Lobby)	Adjoining Aisle Adjoining Aisle
Stacks	East Exit	Shelter Area
Audio Visual	Silo #3 to Back Door (Lounge)	Adjoining Aisle
Kenclip	Silo #3 to Back Door (Lounge)	Adjoining Aisle
Lobby	Front Doors Lobby	Via Reference Room
Bathroom	Front Doors Lobby	Via Reference Room
<u>Upper Level</u>		
3rd Floor	East Exit	Stairwell #8
3rd Floor	East Exit	Stairwell #8
3rd Floor	Silo #2 to Back Door	Stairwell #8

**KDLA BLOODBORNE PATHOGEN
EXPOSURE INCIDENT EVALUATION**

This form is to be filled out by the employee's immediate supervisor or by the safety officer every time an employee has a workplace exposure to blood or other body fluid.

Date and time incident occurred ____/____/____ @ _____

Where did the incident occur (exact location) _____

Who was involved in this incident?

1) Source individual: name of employee whose blood/body fluid was source of exposure

2) Exposed individual(s): **name all employees who had contact with the blood/body fluid - regardless of whether they were wearing protective equipment**

Explain, in detail, how the incident occurred. Include what the individuals were doing prior to the incident, what actions all involved employees took during and following the incident.

What protective equipment was used? _____

Was exposed employee(s) informed of his options regarding medical testing and evaluation?

By whom? _____

Form completed by: _____ Date: _____

Source Individual Consent

By law, whenever an employee is exposed to another employee's blood/bodily fluid or other material which has the potential for carrying bloodborne pathogens, the employer is required to request that the employee who is the source of the exposure have his blood tested for the HIV and HBV viruses, and the results of those test to be released to the exposed employee(s) and/or to their treating physician(s).

The results of such tests will not be made available to the employer. The only information the employer is entitled to is confirmation from the physician that testing and evaluation was or was not conducted.

As a result of the incident documented on the attached EXPOSURE INCIDENT REPORT, I, _____, on behalf of the Kentucky Department for Libraries and Archives are requesting that you have your blood tested as described above.

Hepatitis B Declination

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring the Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signature

Date

MEMO TO HEALTH CARE PROVIDER

To: _____, Health Care Professional

From: _____, Safety Representative

Date: _____

This employee _____ has had a possible exposure to blood or other potentially infectious materials at the worksite as described in the attached Exposure Incident Form. In accordance with OSHA's bloodborne pathogen regulation, 29 CFR 1910.20 (a copy of this regulation is attached), please provide this employee with counseling and evaluation regarding this exposure.

The employee has the option of having a sample of his blood tested for infectivity of HIV and HBV.

The employee has the option to have a HBV vaccination.

Please bill The Kentucky Department for Libraries and Archives, P.O. Box 537, Frankfort, Ky. 40602-0537, for any treatment related to this exposure.

***** D E T A C H *****

To ensure the confidentiality of the employee, please provide this department with only the information below:

It is my professional opinion that under the circumstances of exposure described to me by the patient _____ and from the information in the attached Exposure Incident Report, I have counseled the employee with regard to the possible diseases that may result from such an exposure and the warning signs of these diseases. The employee has been counseled regarding precautions to take until his/her infectivity can be determined.

(name)

In my opinion:

_____ Hepatitis B vaccination IS indicated for the patient.

_____ Hepatitis B vaccination is NOT indicated for the patient.

_____ The patient's blood WILL be tested for HBV and HIV infectivity.

_____ The patient's blood will NOT be tested, at their request, for HIV/HBV infectivity.

_____ The above named patient has received the Hepatitis B vaccine.

_____ The above named patient refused the Hepatitis B vaccine.

Signature - treating healthcare professional

Date